

Revised 08/04
Change of Name/Address Form

TO: Department of Budget and Management
Employee Benefits Division
301 W. Preston Street, Room 510
Baltimore, Maryland 21201

FROM: _____ (Employee Name)

RE: Change of Name and/or Address for Benefit Plans

☐ Active Employee ☐ Direct Pay Enrollee ☐ Satellite Employee ☐ Retired Employee

Please advise my benefit plans of my new name and/or address as follows:

EMPLOYEE SOCIAL SECURITY NUMBER: --

EMPLOYEE NAME: (You must attach legal documentation of your name change to this form.)

Old Name: _____
Last First MI

New Name: _____
Last First MI

NEW ADDRESS: _____
Street

City or Town State Zip

NEW HOME PHONE: _____
Area Code Number

Employee/Retiree Signature

Agency Benefit Coordinator Signature (Active Employees Only)

Date

Date

Agency & Phone Number

NOTE for Active Employees: Payroll Change-of-Address Card and Name Change **MUST** be sent to the Central Payroll Bureau at the same time.

NOTE for Retired Employees: Signed Change of Name or Address Letter **MUST** be sent to the Maryland State Retirement Agency at the same time.